

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Rheumatology (RheumPAC)

Full Name (Last, First, Middle Initial)

A. Chris Morris

Mailing Address 3 Sheridan Square

City Kingsport State TN Zip Code 37660

FEC ID number of contributing federal political committee.

C

Name of Employer

Arthritis Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 04 / 2013

Transaction ID : 11434115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Furie

Mailing Address Division of Rheumatology
2800 Marcus Ave

City Lake Success State NY Zip Code 11042

FEC ID number of contributing federal political committee.

C

Name of Employer

North Shore LIJ Health System

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 18 / 2013

Transaction ID : 11484916

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David R Karp

Mailing Address 5323 Harry Hines Blvd.

City Dallas State TX Zip Code 75390

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Texas

Occupation

Professor and Chief, Rheumatic Disease

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2013

Transaction ID : 11484920

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►